

Family Physicians

Pluripotential Actors in Global Health Care- Version 2.0

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19th WORLD WONCA CONFERENCE OF FAMILY
DOCTORS

CANCUN, MEXICO

22 May, 2010



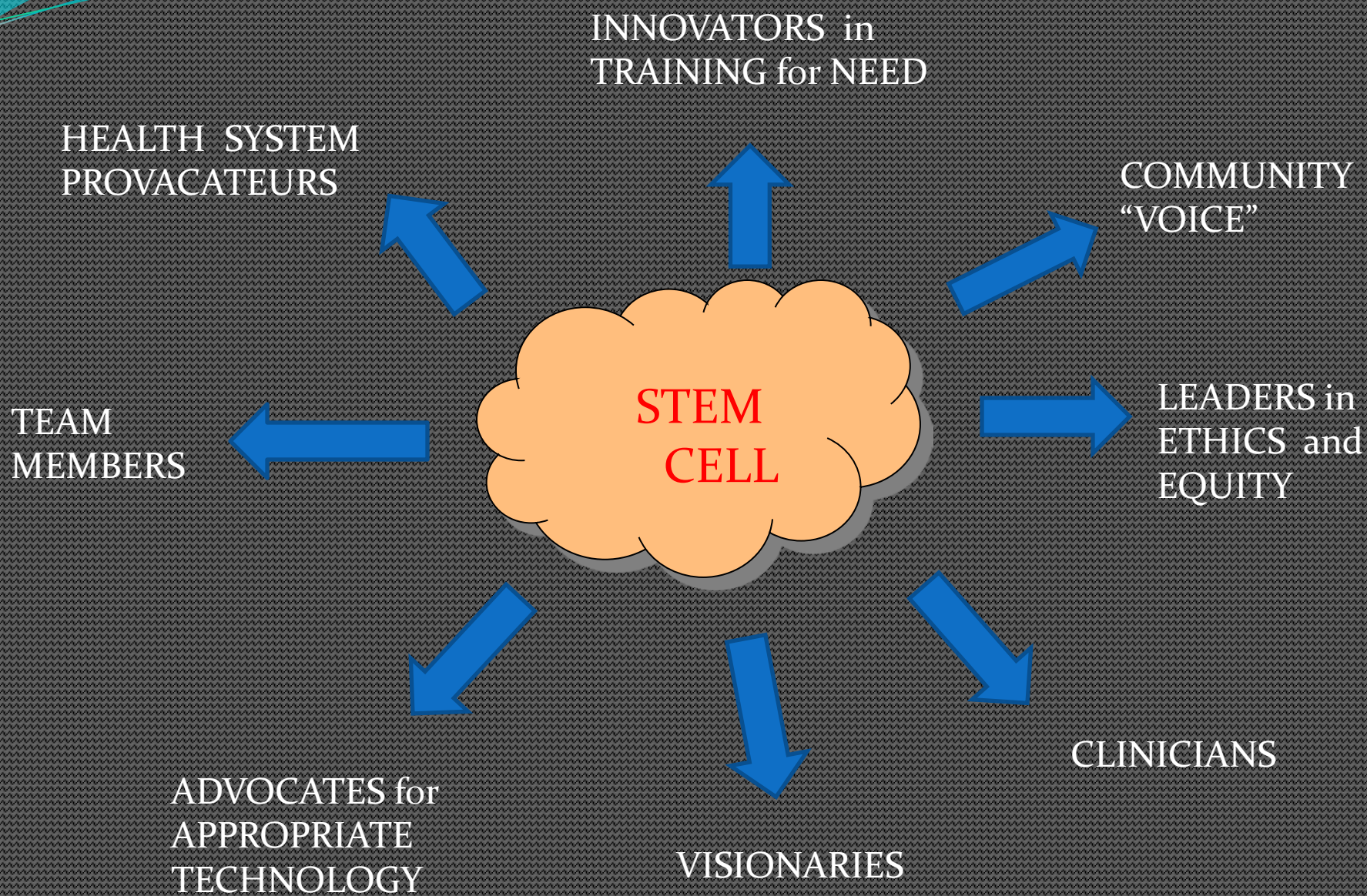
GHETS





Pluripotent

- 1) not fixed as to developmental potential; *especially*, capable of developing into many cell types – i.e. , stem cell.
- 2) capable of affecting more than one tissue or organ.

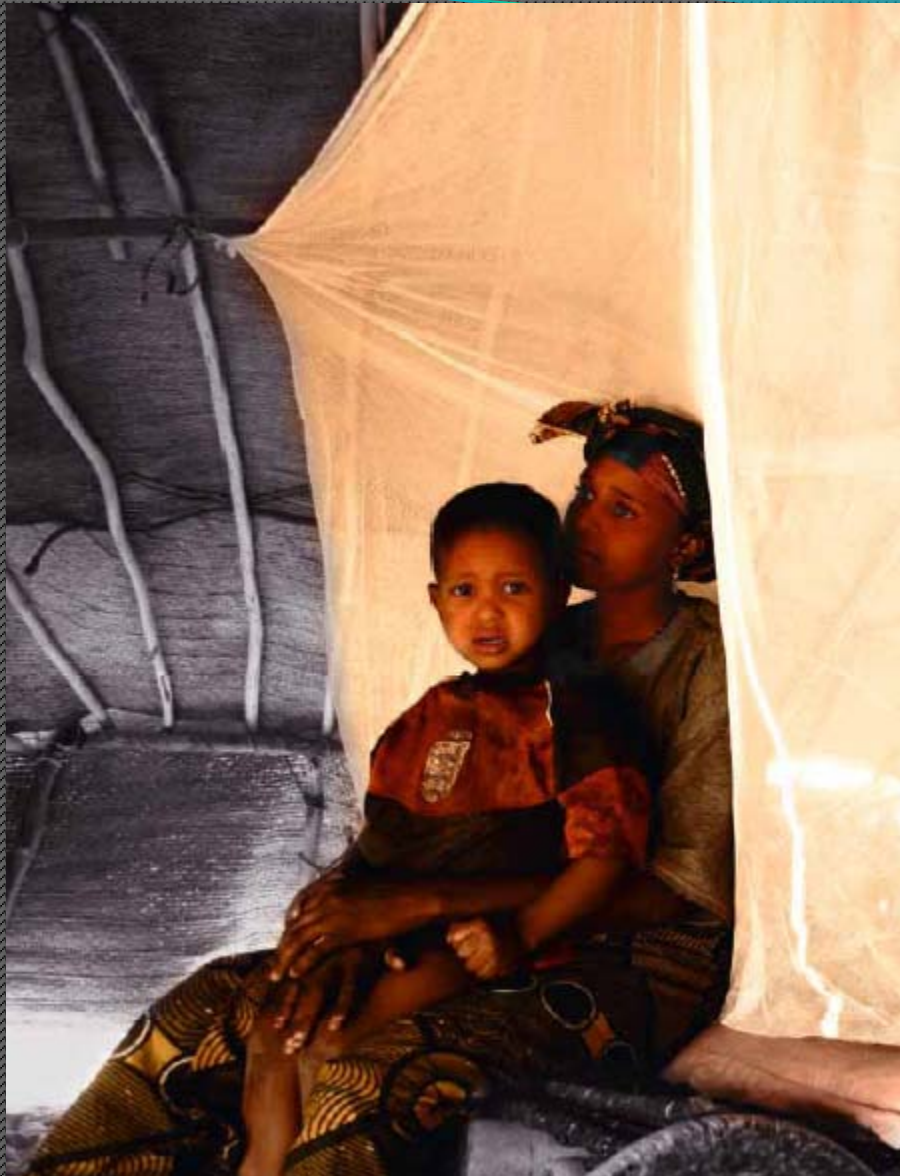


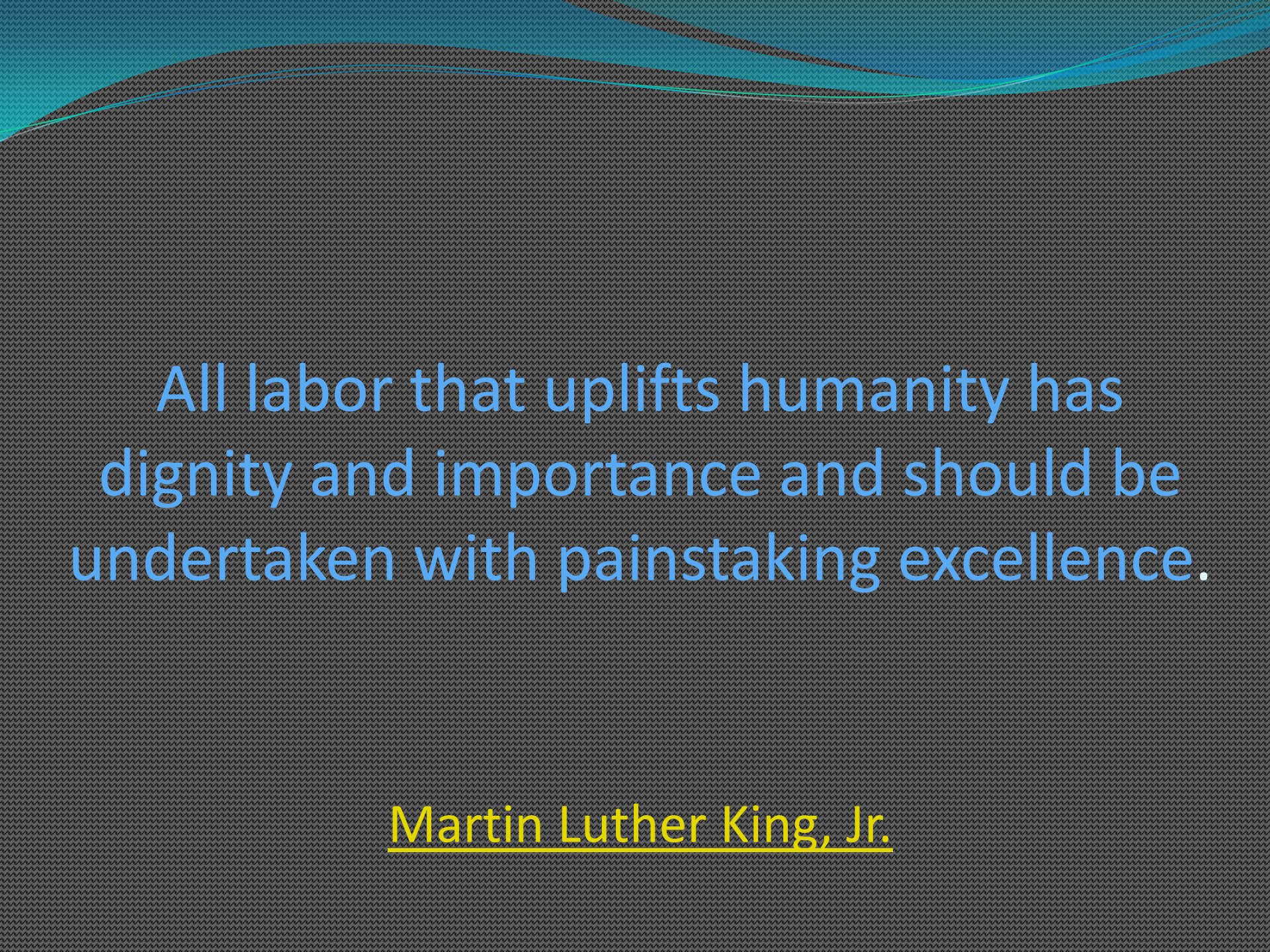
OBJECTIVES

- Briefly review the Millennium Development Goals.
- Explain the reason to claim pluripotent status for family physicians.
- Review the history of the WONCA role in the process.
- Outline current work and future necessary elements.

MDG's

- End Poverty and Hunger - A “ginormous” task!
- Universal Education – More gigantic expectations.
- Gender Equality - A 50/50 ratio in family medicine
- Child Health – We treat kids.
- Maternal Health – Only specialty in all human states.
- Combat HIV/AIDS – Not “the” specialists but frontline
- Environmental Sustainability – Appropriate resource care.
- Global Partnership – Cancun, Rustenberg, Europe, etc.





All labor that uplifts humanity has
dignity and importance and should be
undertaken with painstaking excellence.

Martin Luther King, Jr.

Which is the true pluripotential doctor?

A “QUIZ”

- A pathologist?
- An internist?
- A geneticist?
- A urologist?

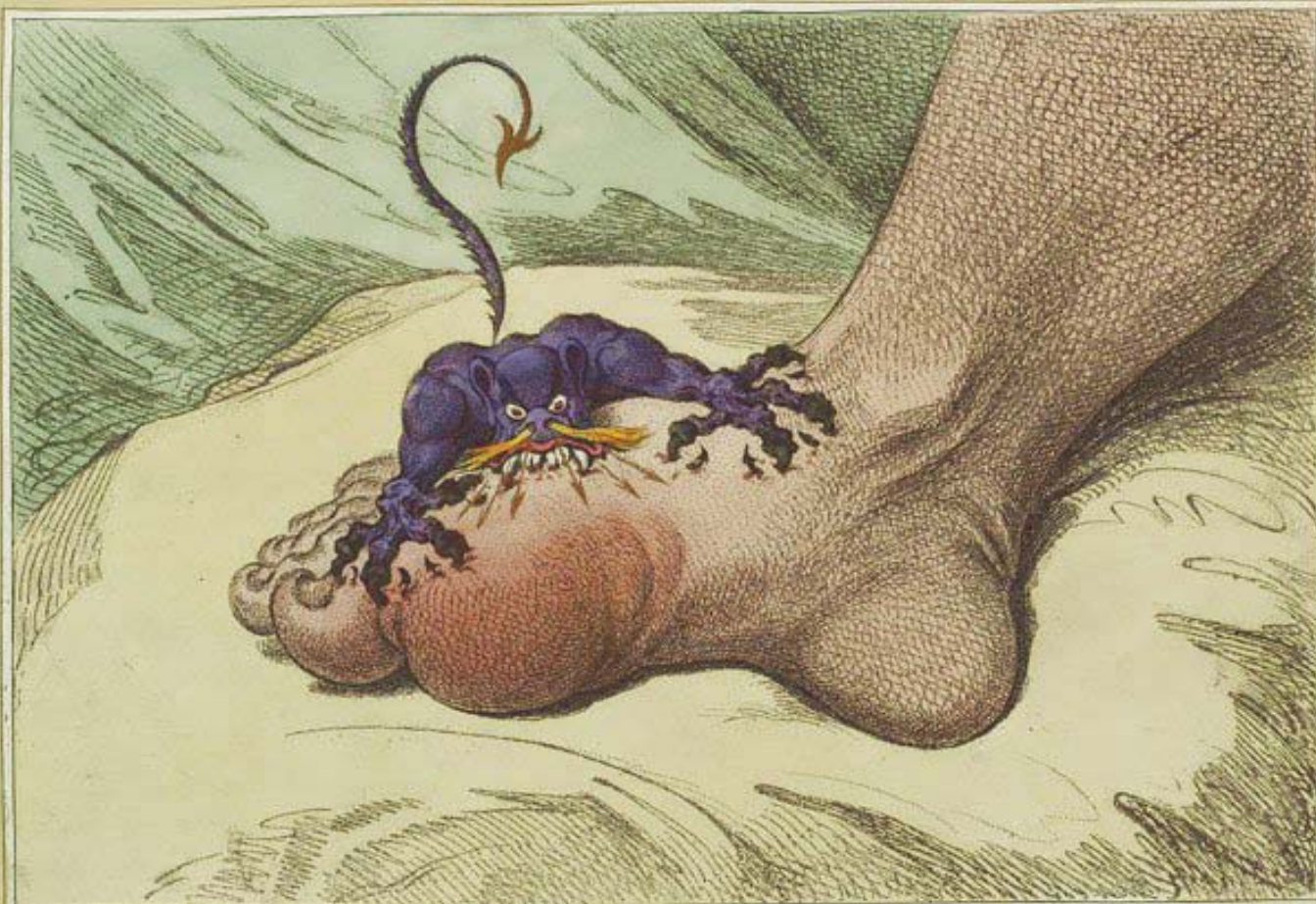


Improving Health Systems: The Contribution of Family Medicine

- A foundation guidebook building upon WHO/WONCA/TUFH work from the 1970's forward.
- A relevant work that continues to offer guidance to those of us pursuing the shared goals of family medicine and primary health care.
- Most of the authors are still working at process and are in attendance at this conference.

Origins of the Profession

- *Hippocrates*
- *Barbers*
- *Traditional Healers*
- *General Practitioners/Family Physicians*



The GOUT.

*Publ. May 24. 1794. by H. Boscawen.
at J. Gower's Press.*

Definition of General Practitioners/Family Physicians

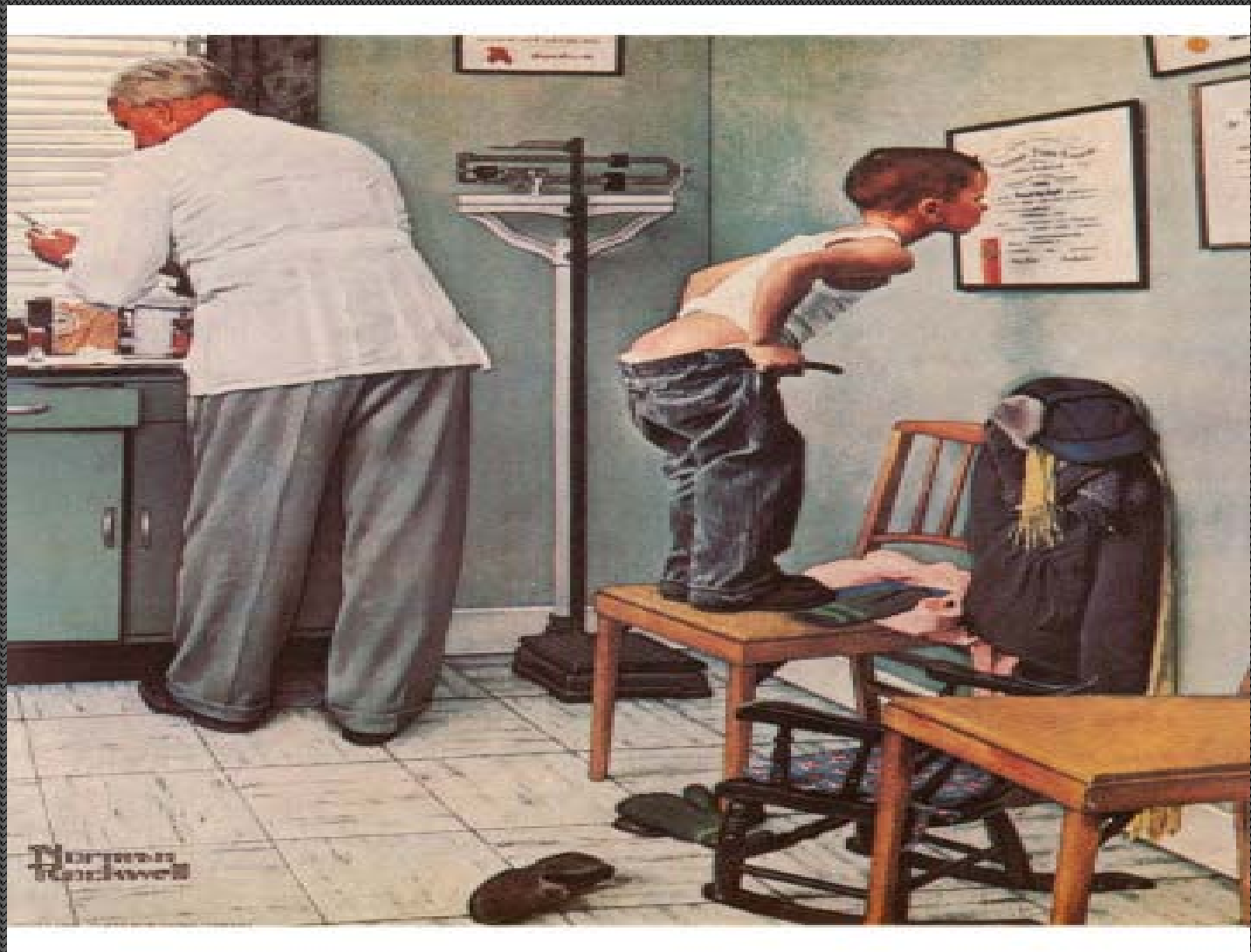
- Provide comprehensive health care
- Accepts everyone who needs care
- Clinically and culturally competent
- Cares for
 - individuals in context of families
 - family in context of communities

The Five Star Doctor

- Care Provider
- Decision Maker
- Communicator
- Community Leader
- Manager

Our Breadth – Interests and Activities

Table 1	
Internal Medicine	100%
Preventive Medicine	96%
Pediatrics	94%
Psychiatry	92%
Gynecology	90%
Obstetrics	80%
Orthopedics	80%
Surgery	78%
Community Medicine	77%
Public Health	67%



Range and Flexibility – A day in the Life Of

- Round on Patients
- Go to Office, Clinic or Nursing Home
- Teach Medical Students and Residents
- Meet with Community Health Workers at Lunch
- Drive to Outlying Clinics – Choose your Vehicle
- Back to Hospital, Admit New Patients
- Deliver Baby by Cesarean Section
- Help Family Planning – Perform Tubal Ligation or Vasectomy
- Meet with Local Health Officials





A “Perfect Storm”

WHO/PHC



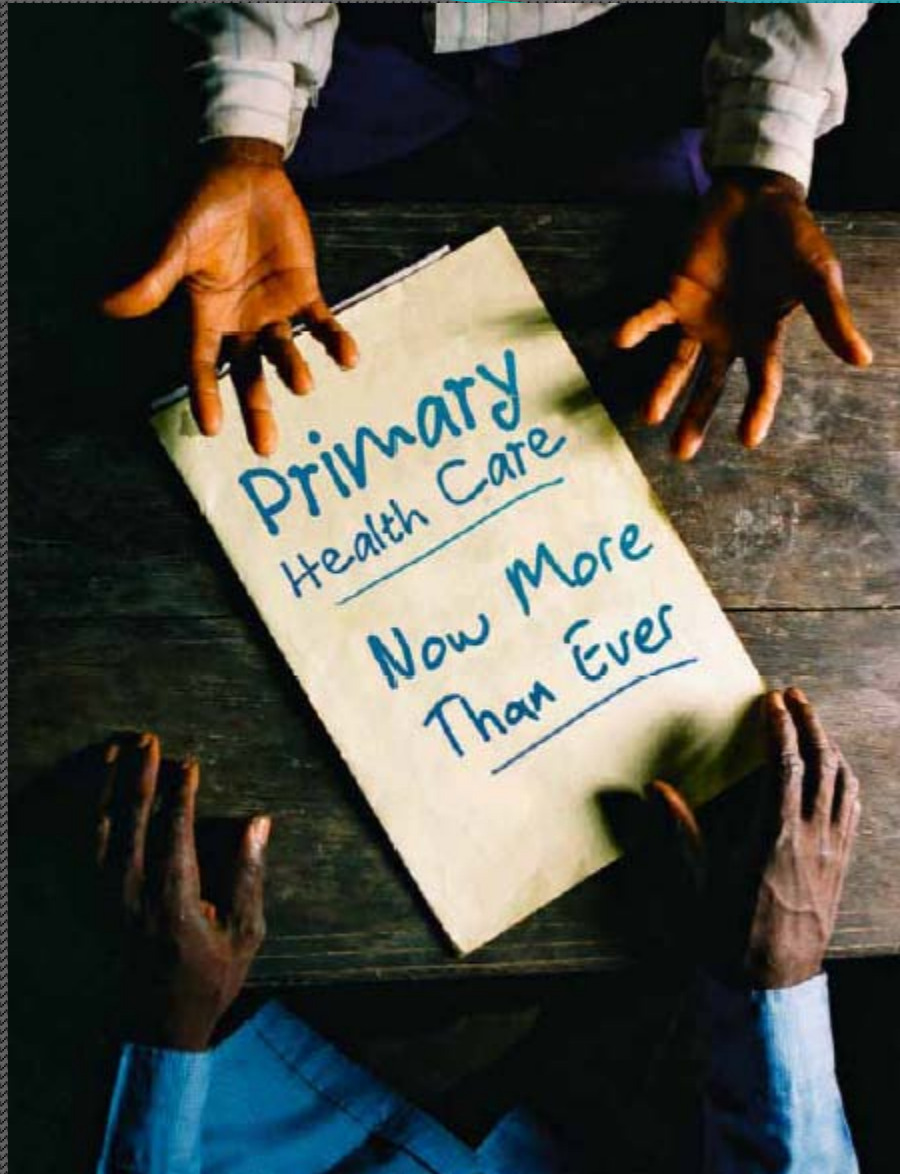
MDG's

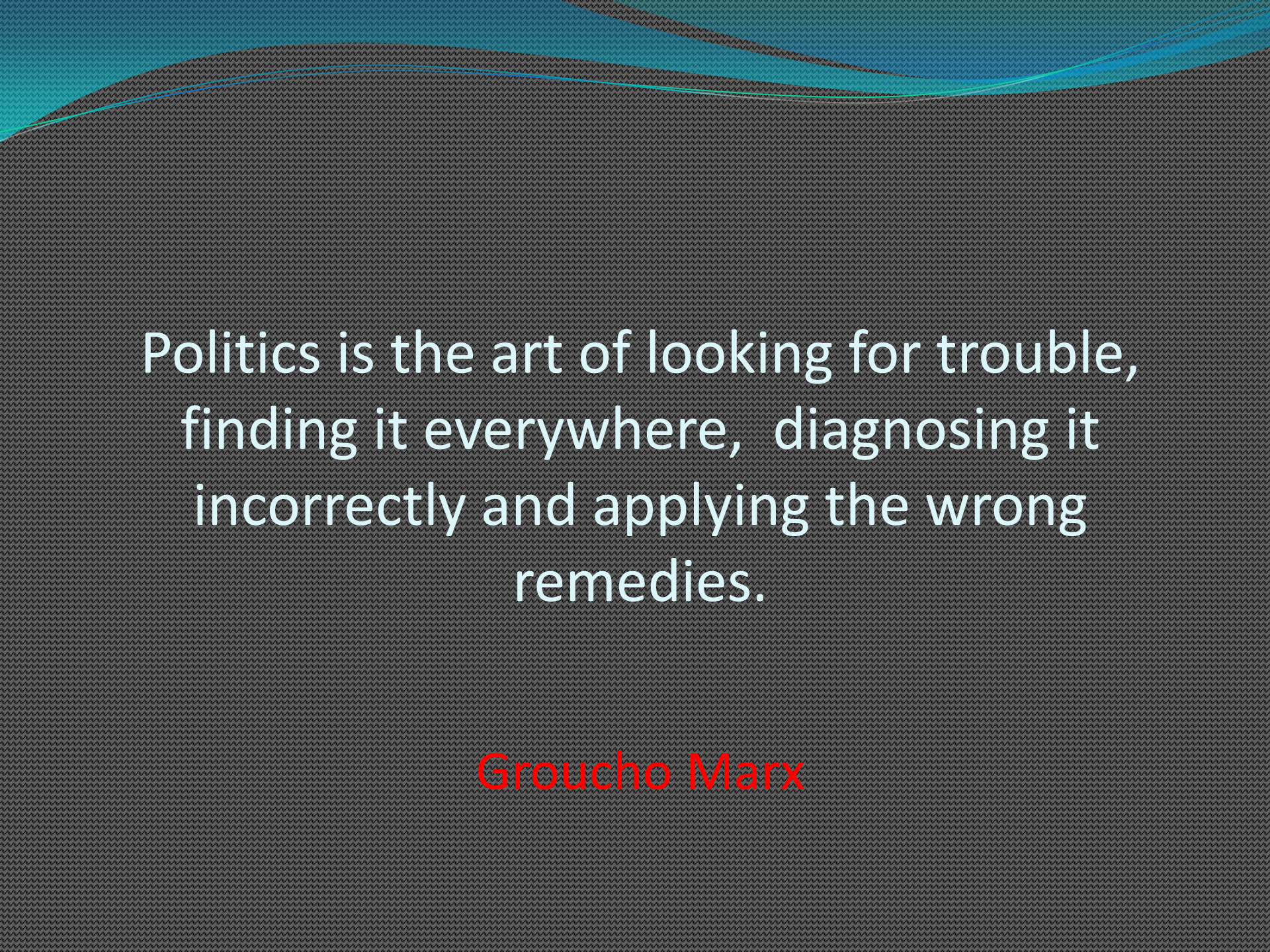


Less Vertical Program Focus, More Horizontal Approach

History of WHO and Wonca Collaboration

- 1963** --- First development in by a WHO expert committee
The Training of the Physician for Family Practice
- 1972** --- Establishment of WONCA at the 5th World Conference on General/Family Medicine in Australia.
- 1973** --- WHO working group emphasizes importance of primary care and general medical practitioner as a part of primary health care unit.
- 1978** --- Alma Ata and the Establishment of Primary Health Care.
- 1995** --- 48th World Health Assembly
Re-orientation of medical education/practice for Health for All.
- 2002** --- Embedding family physicians in the global process of improving health systems.
- 2008-09** --- Primary health care refreshment, “Now More Than Ever.”



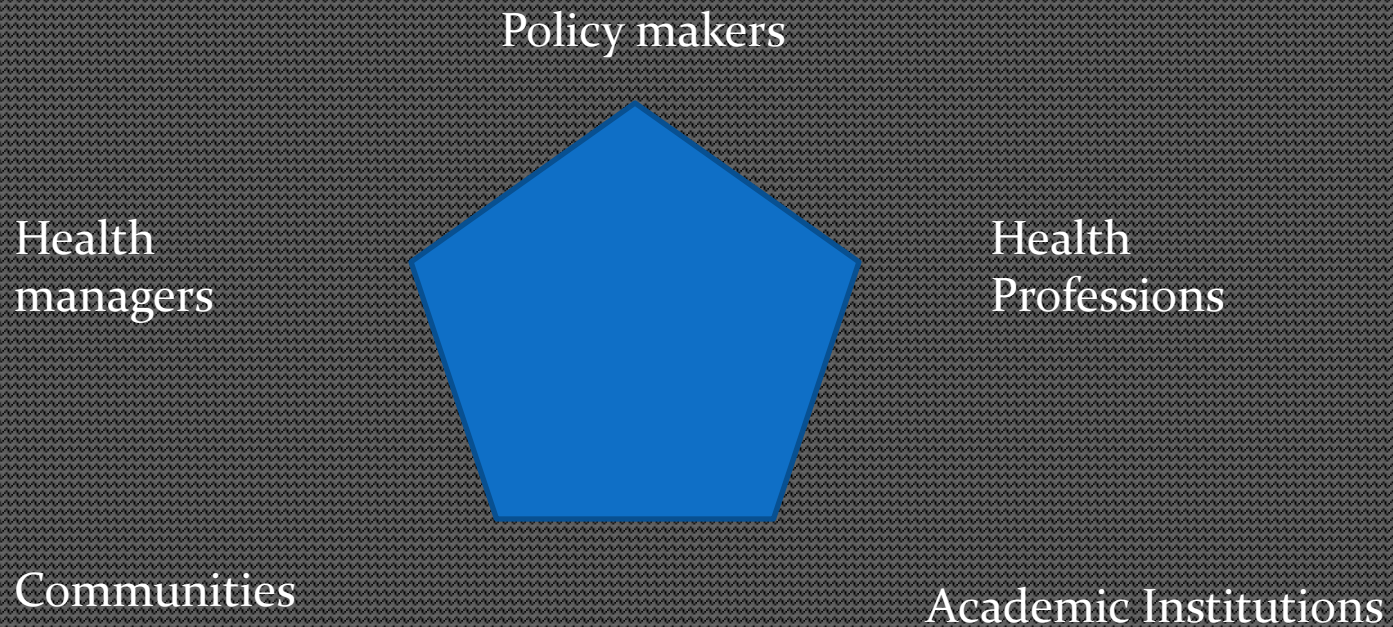


Politics is the art of looking for trouble,
finding it everywhere, diagnosing it
incorrectly and applying the wrong
remedies.

Groucho Marx

Other Organizations: TUFH

- Working alongside WONCA and WHO
- The “Pentagram”



Other Projects: Primafammed

- Developed with funding from the EU-Flemish (VLIR-ZEIN)-EduLink-ACP entities.
- Derived from a focus on a family medicine consortium in South Africa (FaMEC)
- Evolved into a South-South collaboration for training in family medicine and primary health care in Africa.
- Transitioning into a “twinning” of Sub-Saharan institutions for collaborative improvement in family medicine/phc.

Other Processes: PHC Research

- Research in primary care is essential to develop better health systems and health policies.*
- Electronic Journals with substantial work and future possibilities of open-access and peer-reviewed qualities:

Rural and Remote Health Journal

African Journal of Primary Health Care and Family
Medicine (PHCFM)

*Beasley, Starfield, van Weel, Rosser, Haq in
JABFM, 2007/vol/20:6

Other Initiatives: “15 by 2015”



Strengthening Primary Health Care by addressing the Funding Disparity Between Vertical and Horizontal Programs

Twelve Principles of African Family Medicine

- 1. The African Family Physician is committed to the Primary Health Care team, and is its clinical leader.
- 2. The African Family Physician provides clinical consultation, teaching, encouragement, management, monitoring and evaluation to other members of the Primary Health Care team in order to improve the quality of primary care.
- 3. The African Family Physician provides clinical diagnostic and management services for a pre-selected minority of patients who have been screened by other members of the Primary Health Care team.
- 4. The scope of practice of the African Family Physician is sensitive to and dependent on the context of the health system in which the Primary Health Care team operates.
- 5. The African Family Physician strives to use the most appropriate evidence to address the highest priority clinical, family and community issues.
- 6. The African Family Physician is competent in surgical, anesthetic, and procedural obstetric care at the district hospital level, i.e. in the absence of other specialists.
- 7. The African Family Physician knows his or her limitations, and identifies and refers patients who present with clinical problems beyond the scope of practice, to appropriate levels of care.
- 8. The African Family Physician supports members of the Primary Health Care team in the community, in the facilities where they work, as well as at the district hospital.
- 9. The Primary Health Care team including the African Family Physician is patient & family-centered and community-oriented. This means that people who are ill and those who are at risk, are always managed in the context of their families and communities. The Family Physician as the link between family care, facility/hospital-based care and primary/community-based care.
- 10. The Primary Health Care team including the African Family Physician engages with the community in which it operates as a population at risk, by defining its boundaries and acting on its health priorities.
- 11. The African Family Physician is dedicated to life-long learning and provides leadership in continuing professional development for the whole team.
- 12. As a manager of resources, the African Family Physician is primarily concerned with the reduction of disparity, and equal access to health services of all sectors of the community.

Voices from Other Countries in Development of FM

- From a Letter to the Editor in Family Medicine, April 2008

Be country centered

Begin with the existing system

Attempt to transform rather than transplant

Influence the government and policy makers

Be patient!

Health Workforce Crisis: Primary Care in Rural/Urban America

- Recent summit in Washington, DC – August, 2009

Sessions with Family Physicians as Speakers:

- Workforce for Healthy Communities
 - * J. Lloyd Michener, Duke University
- Building primary care practices ...
 - * James Mold, University of Oklahoma
 - * Arthur Kaufman, University of New Mexico

Social Accountability and the Instillation of Equity

- The Cuban Model of Medical Training (www.medicc.org)
- Ongoing work by Professors Boelen, Woolard and others
- Projects such as Health in Harmony based in Indonesia that pair social justice, improved access and environmental health (www.healthinharmony.org)

Core Values and Ethics

- Learning at Centers of Social Accountability
- Healing in the context of Social Justice
- From “Primum non Nocerum “
to “Primum non Tacere”*

*Wear, D in Professionalism in Medicine: Critical Perspectives, 2006

Carl Taylor's New Version of the Hippocratic Oath (1966)

I will share the science and art by precept, by demonstration, and by every mode of teaching with other physicians regardless of their national origin.

I will try to help secure for the physicians in each country the esteem of their own people and in collaborative work see that they get full credit.

I will strive to eliminate sources of disease everywhere in the world and not merely set up barriers to the spread of disease to my own people.

I will work for understanding of the diverse causes of disease, including the social, economic, and environmental.

I will promote the well being of mankind in all its aspects, not merely the bodily, with sympathy and consideration for- a people's culture and beliefs.

I will strive to prevent painful and untimely death, and also to help parents to achieve a family size conforming to their desires and to their ability to care for their children.

In my concern with whole communities, I will never forget the needs of its individual member

Training of Family Doctors

★ Where?

- Clinical or Geographical Relevance.
- Community Based Training

- Generalist or Sub-Specialist (i.e., Hospitalist in US)
- Community Health Centers (CHC's) in the US
- Inter-Professional or Team Training

The Future of Family Medicine

- The family medical home
- The community
- The clinic
- The hospital
- Leadership on the Frontline
- Shift from North-South to South-South Collaborations
 - + Sub-Saharan Africa
 - + Central and South America
 - + Cuban Driven Medical Education/Support

Conundrums

- Universal Access
- Brain Drain
- Rural/Urban Disparities
- Transformational or Transactional Leadership?
- Bringing in Gen X, Gen Y, the Millennium Generations





Always do whatever's next.

George Carlin